PATENT	APPLICATION	<b>FEE DETERMINATION</b>	I RECORD
	AFFLICATION	FEE DETERMINATION	I DECUDU

Effective October 1, 2000

**Application or Docket Number** 

09/760/42.

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE (			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		3				1	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			3 minus 20= *		• 6	)		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 = * 0			•		X40=		OR	X80=	<u> </u>
MULTIPLE DEPENDENT CLAIM PRESENT							+135=					
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	21 (1)	OR	+270= TOTAL		
CLAIMS AS AMENDED - PART II								IOIAL	311.10	OR	OTHER	THAN
		(Column 1)	(Column 2) (Column 3)			_	SMALL ENTITY			SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T () 4114	=	4 I	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JUITPLE DE	PENDEN	CLAIM		┚╏	+135=		OR	+270=	
							i	TOTAL	-		TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE		10	ADDIT. FEE	
AMENDMENT B	ing a se	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA	][	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	•
AME	Independent	*	Minus	***		=	11	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JUITLE DEI	PENDEN	CLAIM	-   _	╛┇	+135=		OR	+270=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE		,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					J ∤	+135=					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270= TOTAL		
***	If the "Highest Nu	mber Previously P	aid For" IN TH	IS SPACE	is less tha	n 3, enter "3."		ODIT. FEE			ADDIT. FEE	
	ine "Highest Nun	nber Previously Pa	io For" (fotal c	r Independ	ient) is the	nignest numb	er fou	nd in the app	ropriate box	in col	umn 1.	